

1 AB was a 56-year old male who at the time of his death was homeless. He was known to have mental and physical health difficulties, and had a history of misusing substances. AB was known to several organisations due to his multiple vulnerabilities.



2 On 25th January 2019 AB suffered a cardiac arrest. On 4th February 2019, a palliative care referral was made as AB was unlikely to recover from hypoxic brain damage. AB died on 17th February 2019.



3 AB's complex situation also allowed AB's vulnerability to be overshadowed by his anti-social behaviour. At times matters relating to his health, housing and funds were lost and AB's homelessness was wrongly seen as a barrier to safeguarding him rather than an additional risk factor.



4 In February 2017 alone, there were over 20 calls made to the Police relating to domestic incidents between AB and female adult who AB reported to the Police was intimidating and financially abusing him.



5 Due to organisations not having / following pathways to manage AB's holistic needs, his health needs were only being managed on a crisis basis. There was also an absence of clarity regarding medical after-care and impracticalities due to his social circumstances.



7 AB was a person with a health and social vulnerabilities who eventually became homeless and had a cardiac event, contributed to, by his poor health and COPD. There is evidence of inconsistent approaches to support AB's vulnerabilities due to agencies working separately and therefore not having a clear picture of AB's circumstances. More training is required in relation to homelessness, the impact and risks associated with this, how to embed duties into practice and the processes in place to support and safeguard homeless people with competing needs. The HPS have embarked on a 12-month project to develop pathways for complex homeless and rough sleepers. Organisations should also be reminded of the High-Risk Protocol: <https://www.safernel.co.uk/wp-content/uploads/2019/11/HRP-Protocol-V3.pdf>

6 SAB findings were made outlining there was a limited holistic and co-ordinated approach between professionals to manage AB's complex care and support needs. This resulted in many agencies working in isolation and not fully understanding the responsibilities they and others had to safeguard AB.

